



WASHINGTON STATE UNIVERSITY COLLEGE OF NURSING

H.D. and Clara Schlotfeldt Emergency Loan Fund Application

Clara Schlotfeldt held a long career in nursing. She was an instructor and eventually director in the Lower Valley Program and was involved under the director of Yakima Valley College until her retirement. Her husband wanted to create a fund in her honor. Thus, the H.D. and Clara Schlotfeldt Emergency Loan Fund was created to provide financial support for the benefit of nursing student enrolled at the WSU College of Nursing in Yakima, Washington. The loan is to be used for emergency purposes only. An emergency is defined as a sudden, unexpected event that necessitates an unplanned expenditure of money for with the student does not have. Students shall repay loans by making contributions to the H.D. and Clara Schlotfeldt Emergency Loan Fund beginning one year after completing or leaving the nursing program according to terms designated at the time of the loan. An endorsement of the department chair/director/dean must accompany the application.

Application Process:

- 1. Students in need obtain application forms from the Yakima Director.
2. Students must obtain a written endorsement from their department chair of campus director.
3. Student submits the application to the Development Office at:
WSU College of Nursing
PO Box 1495
Spokane, WA 99210
Attn: Development Director
4. Following determination of terms for the loan request, a moral obligation agreement is signed by the student and the Director of Development. The student receives a copy and the College of Nursing retains the original.
5. The application is submitted to the College of Nursing Finance Office for processing.
6. The student is mailed a check from the College of Nursing within one week to ten days after approval.
7. Loan payments are sent to:
WSU College of Nursing
PO Box 1495
Spokane, WA 99210
Attn: Finance Office
8. The student receives the original agreement when the loan is paid in full.

Have you previously received a Schlotfeldt loan? ___ yes ___ no

Personal Data (to be completed by applicant)

Amount Requested \$ _____ Anticipated Graduation Date: _____

Date: _____ Student ID Number: _____

Name: _____

Program Enrolled In: Basic BSN___ RN-BSN___ Masters___ PhD/DNP___

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____



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Reference #1:

(Someone who will always know how to reach you. Do not list a spouse)

Name: _____ Relationship to you _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Mobile Phone: _____

Reference #2:

Name: _____ Relationship to you _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Mobile Phone: _____

Please describe in detail your reason for requesting this loan and how your need resulted in an unplanned emergency situation (use reverse side of paper if needed). Please submit supporting documentation for your request if appropriate (i.e. financial documents, estimates, etc.).

WSU College of Nursing Yakima Director endorsement: _____ (print name) _____ (signature)



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H.D. and Clara Schlotfeldt Emergency Loan Fund Moral Obligation Agreement:

I promise to repay the funds within one year after I have completed the requirements for the current program I am enrolled in at the Washington State University College of Nursing. If I do withdraw from the nursing program, I promise to repay within six months following withdrawal.

Terms may be renegotiated with the Dean by contacting him/her in writing outlining the reasons why repayment cannot be made as agreed.

Payments are to be made to:

WSU College of Nursing
412 E. Spokane Falls Blvd.
Spokane, WA 99202-2131
Attn: Finance Office

I acknowledge a receipt of a copy of the Application and Moral Agreement.

Applicant: _____ Date: _____

Authorized By: _____ Date: _____

Administrative Use Only:

Request: Granted Denied

Amount Approved _____

Moral Obligation Agreement: (To be completed by the Dean or his/her designee)

A loan of \$_____, is being made on _____, _____, by the H.D. and Clara
(month/date) (year)
Schlotfeldt Emergency Loan Fund to _____.

Repayment will be due by _____.